## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

| SERIAL NO.   |     |
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| APPLICANT(S) |     |

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| 27<br>28       | <del> </del>                                     |  |                        |                  |        | -                   |  |  |  |  |  |
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| 37<br>38       | <b> </b>   | <del> </del>                                     |                        |                  |        |                     |  |  |  |  |  |
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| 79<br>80        | ╁        |               |                | ╂  |                         |  | ╀        |                    | ╄         |          |
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| 82              | T        |               |                | ╁╴   |                         |  | ╁        |                    | ╁         |          |
| 83              | I        |               |                |  |                         |  | r        | <u>_</u>           | $\vdash$  |          |
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| 88              | †-       |               | · · ·          | $\vdash$                                     |                         |  | ┞        |                    | ┝         |          |
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| 92<br>93        | ╀        |               |                |  | $-\!\!\!\!-\!\!\!\!\!+$ |  | L        |                    | L         |          |
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| 100<br>TOTAL    | ⊢        |               | ·              | <u> </u>                                     |                         |  | <u> </u> |                    |           |          |
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